

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Heath Flora For Assembly 2022			<b>Date of This Filing</b> 11/01/2022	Date Stamp       Page 1 of 4	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (209)656-1542	<b>I.D. NUMBER</b> (if applicable) 1435262	<b>Report No.</b> 11891			
<b>STREET ADDRESS</b>					
<b>CITY</b> Hilmar			<b>STATE</b> CA	<b>ZIP CODE</b> 95324	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)
			<b>No. of Pages</b> 4		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2022	Ember Education Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
10/31/2022	Park West Casinos Inc. Blakely, GA 39823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
11/01/2022	California Mortgage Bankers Assoc. Political Action PAC Two, Sponsored by: California Mortgage Bankers Association Roseville, CA 95661  ID# 890152	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (209)656-1542	<b>I.D. NUMBER</b> (if applicable) 1435262	<b>Report No.</b> <u>11891</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Hilmar	<b>STATE</b> CA	<b>ZIP CODE</b> 95324	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>4</u>		

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11/01/2022	E.I. du Pont de Nemours and Company Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00
11/01/2022	Tenet Health Corporation Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00
11/01/2022	United Contractors PAC San Ramon, CA 94583  ID# 891124	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00

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<b>AREA CODE/PHONE NUMBER</b> (209)656-1542	<b>I.D. NUMBER</b> (if applicable) 1435262	<b>Report No.</b> 11891		Page 3 of 4		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> Hilmar	<b>STATE</b> CA	<b>ZIP CODE</b> 95324	<b>No. of Pages</b> 4			

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11/01/2022	Western Dental Services Inc. Orange, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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<b>CITY</b> Hilmar	<b>STATE</b> CA	<b>ZIP CODE</b> 95324	<b>No. of Pages</b> 4		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: